

COMBINED DECLARATION AND P
FOR PATENT APPLI

Inventor: VERCELLOTTI et al.

Attorney Docket: 2247-114

A copy of this Declaration/Pow r f Att rney is intend d
for the attached applicati n submitted her with

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: SURGICAL DEVICE AND METHOD FOR BONE SURGERY

_____, the specification
of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as
Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof; or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

Prior Foreign Application(s)

Priority Claimed

99830784.7	EUROPEAN PATENT OFFICE	21/12/1999	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months Prior To The Filing Date of This Application:

Country	Application No.	Date of Filing (Day/Month/Year)
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)
_____	_____	_____

I hereby appoint the following attorneys to prosecute this application and/or an international application and to transact all business in the Patent and Trademark Office connected therewith:

Send Correspondence to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR		INVENTOR'S SIGNATURE	DATE
BIANCHETTI Fernando		<i>Bianchetti Fernando</i>	26/11/00
RESIDENCE		CITIZENSHIP	
CORSO DANTE 142 16043 CHIAVARI (GENOVA) ITALY		ITALIAN	
POST OFFICE ADDRESS			
SEE ABOVE			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
VERCELLOTTI Domenico		<i>Domenico Vercellotti</i>	26/11/00
RESIDENCE		CITIZENSHIP	
VIA PARMA 20 16039 SANTA MARGHERITA DI FOSSA LUPARA - SESTRI LEVANTE (GENOVA) ITALY		ITALIAN	
POST OFFICE ADDRESS			
SEE ABOVE			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
VERCELLOTTI Tomaso		<i>Tomaso Vercellotti</i>	26/11/00
RESIDENCE		CITIZENSHIP	
VIA XII OTTOBRE 2/111 16121 GENOVA ITALY		ITALIAN	
POST OFFICE ADDRESS			
SEE ABOVE			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			